

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023062

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 24 1963

3000 Registrar's No. 220

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		c. CITY OR TOWN Jamesport Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hosp.		d. STREET ADDRESS (If outside, give location) RFD # 2 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Sadie Middle Flow Last Dunn		4. DATE OF DEATH Month June Day 17 Year 1963	
5. SEX female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/15/1897 9. AGE (last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmwife		11. BIRTHPLACE (City and state or country) Grundy Co. Mo.	
10b. KIND OF BUSINESS OR INDUSTRY Agriculture		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Turner		13b. MOTHER'S MAIDEN NAME Lena Dockery	
14. NAME OF HUSBAND OR WIFE Ben Dunn		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)	
16. SOCIAL SECURITY NO. 840		17. INFORMANT Bobby Dunn - Jamesport, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EROSION OF ANEURYSM OF DESCENDING AORTA INTO ESOPHAGUS WITH INTRA-INTestinal EXSANGUINATION DUE TO (b) 5 Hours? DUE TO (c) 5 Hours? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 9:49 a.m. Month, Day, Year 6-17-63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION KIRKSVILLE, Mo.		COUNTY Grundy STATE Mo.	
21. I attended the deceased from 6-16-63 to 6-17-63 and last saw her alive on 6-17-63 Death occurred at 9:49 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carl Laughlin Do		22b. ADDRESS KIRKSVILLE, Mo.	
22c. DATE SIGNED 6-18-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 6/20/63		23c. NAME OF CEMETERY OR CREMATORY Shelburn Cemetery	
23d. LOCATION (City, town, or county) Grundy Co. Mo.		24. FUNERAL DIRECTOR Davis-Blackmore-Trenton, Mo.	
25. DATE RECD. BY LOCAL REG. June 21, 1963		26. REGISTRAR'S SIGNATURE Doris W. Ratliff	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Permit received June 17, 1963

EARL LAUGHLIN, JR. D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 5041

P. O. Address Edina, Minn.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.